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## **NDTAC PRACTICE GUIDE:**

# **Early Learning Is Essential: Addressing the Needs of Young Children Potentially at Risk for System Involvement**

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## **About the National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent, or At-Risk**

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## Preface

In May 2010, the Center for Juvenile Justice Reform (CJJR) at Georgetown University released the monograph *Addressing the Unmet Educational Needs of Children and Youth in the Juvenile Justice and Child Welfare Systems* (Leone & Weinberg, 2010). The monograph examined a number of topics relevant to the education and experiences of youth in the child welfare and juvenile justice systems, as well as “crossover youth” who find themselves at some point in their lives involved with both systems. The authors’ intent was to review issues concerning, and to provide information about, youth whose educational needs have been addressed inadequately by agencies entrusted to serve them. The monograph was designed primarily as a source of information for policymakers and practitioners interested in improving education services for these vulnerable youth. It examined challenges faced by these youth, barriers to providing effective services for them, and the policies and practices of several jurisdictions that have attempted to meet their unique needs. The monograph concluded with a discussion of principles and the design of systems “to serve these youth and ensure they experience more positive outcomes in school and, ultimately, in the community as young adults” (p. 8). In 2012, a second edition of the white paper was disseminated, which is referenced throughout this publication.

In partnership with CJJR, the National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent, or At-Risk (NDTAC) is developing a series of practice guides that build on the monograph’s principles and their respective

practices by providing the field with concrete strategies for adopting those principles and practices. The strategies, as well as potential challenges to accomplishing them and recommendations to overcome those challenges, were developed by NDTAC and are drawn from the experiences of the authors and supported by research. It is the hope of NDTAC and CJJR that these guides will provide administrators and practitioners in juvenile justice, child welfare, and beyond with the “how to’s” they need to achieve the type of comprehensive system envisioned by the CJJR monograph.

This NDTAC practice guide examines the principle that **early learning is essential** due to its potential to help young children avoid the “school to prison” and “cradle to prison” pipelines (Brody & Schwartz, 2012). It is important to engage schools and communities so that they understand the critical role they play in helping children *before* they become vulnerable to system involvement. Children who are provided with educational services that are delivered early and are of high quality are given strong foundations and supports that make them less vulnerable to system involvement. They also benefit from outcomes that are more likely to result in a healthier childhood, adolescence, and young adulthood. To continue to reduce the number of youth involved with juvenile justice and child welfare systems, it is important that *all* who are engaged with youth become aware of the need for high-quality and continuous support, including those persons who serve very young children. Such awareness will give children the support they need to become successful and, one hopes, avoid the “pipelines to prison.”



## Introduction

Children and youth who come into contact with service systems for youth who are either neglected or delinquent, or both, often share life experiences and risk factors that can contribute to poor outcomes (Herz et al., 2012). These experiences often center on traumatic events that can come in the form of abuse—physical, emotional, or sexual—or neglect, or other experiences, such as losing a family member to violence or witnessing violent acts in their community (Lutz, Stewart, Legters, & Herz, 2012). Risk factors often associated with youth who are system involved may include higher levels of poverty, emotional and behavioral concerns, and learning disabilities than found among youth who are not system involved (Leone & Weinberg, 2012). Exposure to these traumatic experiences and risk factors may affect a youth’s achievement in school if he or she is not provided appropriate educational supports and services. Such educational supports and services must be of high quality and must begin early in these children’s lives and formal schooling careers.

Title I, Part D (Part D) funding and programming, as well as other Federal, State, and local programs (e.g., Title I, Part A), can have a positive effect on a youth’s educational achievement. One of the goals of Part D funding is to “level the playing field” for youth who are neglected, delinquent, or at risk of academic failure, dropping out of school, or entering the child welfare and/or juvenile justice systems. Part D funds and programming are designed to:

- Ensure that youth who are neglected or delinquent have the opportunity to meet the same challenging State academic standards that all children are expected to meet
- Improve educational services for children and youth who are neglected or delinquent
- Provide children and youth who are neglected or delinquent with the services needed to make a successful transition from institutions to schools and/or employment
- Prevent youth who are at risk of academic failure from dropping out of school
- Provide children and youth who have dropped out of school, or who are returning to school after residing in an institution, with a support system to ensure their continued education.

This current guide, as well as the previous NDTAC practice guides—*Improving Educational Outcomes for Youth in the Juvenile Justice and Child Welfare Systems Through Interagency Communication and Collaboration* (Gonsoulin & Read, 2011) and *Providing Individually Tailored Academic and Behavioral Support Services for Youth in the Juvenile Justice and Child Welfare Systems* (Gonsoulin, Darwin & Read, 2012)—address three of the six overarching principles found in the Leone and Weinberg (2012) white paper (referenced in the Preface) and sponsored by CJJR:

1. Quality education services are critical.
2. **Early education is essential.**
3. Outcomes that matter are measured.
4. **Individually tailored support services for youth are provided.**
5. **Interagency communication and collaboration are vital.**
6. Change requires within-agency and cross-agency leadership.

The practices and strategies that resulted from these principles were designed to help child-serving agencies address barriers and challenges that have overwhelmed their systems for years, as well as help the children and families/caregivers who navigate these systems. The practices and strategies range from policy-related recommendations to actionable items that agency leaders and staff, including State coordinators of youth who are neglected and delinquent, can take to ensure better outcomes for youth who are system involved. For instance, it is expected that systems assess the needs of the youth and families they serve; however, assessment is only the initial step in addressing the needs of our young people. It is also essential that policy and practice enforce strategies that can meet the identified assessed needs of young people by addressing the barriers that stand in the way of positive outcomes for these children and youth.

Table 1 depicts the 8 practices and 26 strategies that composed the previous two NDTAC practice guides. These strategies focus attention on the importance of interagency communication and collaboration and on providing individually tailored academic and behavioral supports and services for youth who are system involved. The two guides can be found on the NDTAC Web site at [www.neglected-delinquent.org](http://www.neglected-delinquent.org)



**Table 1. Practices and Strategies Identified in NDTAC's 2011 and 2012 Practice Guides**

<b>Improving Educational Outcomes for Youth in the Juvenile Justice and Child Welfare Systems Through Interagency Communication and Collaboration (2011)</b>	
<b>Practices</b>	<b>Strategies</b>
<b>Practice 1. Engage in Collaborative Decisionmaking</b>	<ol style="list-style-type: none"> <li>1. Memoranda of understanding to share information</li> <li>2. Consolidated/single case management and a “no wrong door” approach</li> <li>3. Align relevant policies and corresponding practices of child-serving agencies</li> </ol>
<b>Practice 2. Share Resources and Expertise</b>	<ol style="list-style-type: none"> <li>1. Co-location of staff</li> <li>2. Share databases</li> <li>3. Cross-agency training</li> </ol>
<b>Practice 3. Target Services To Meet the Needs of Children, Youth, Parents, and Caregivers</b>	<ol style="list-style-type: none"> <li>1. Engage youth and family as key decisionmakers and assets in determining needed supports and services</li> <li>2. Implement evidence-based and best-practice programming that supports individual students' success in school and life</li> </ol>
<b>Providing Individually Tailored Academic and Behavioral Support Services for Youth in the Juvenile Justice and Child Welfare Systems (2012)</b>	
<b>Practices</b>	<b>Strategies</b>
<b>Practice 1. Collect and Use Data To Identify Needs and Develop Learning Plans</b>	<ol style="list-style-type: none"> <li>1. Provide a systematic process for using data to identify needs, screen for indicators of larger issues, monitor outcomes, and make educational decisions</li> <li>2. Develop and maintain personalized learning plans (PLPs)</li> <li>3. Share information across all stakeholders to facilitate students' success and well-being</li> </ol>
<b>Practice 2. Implement Procedures To Ensure Smooth Transitions</b>	<ol style="list-style-type: none"> <li>1. Include transition activities in student PLPs</li> <li>2. Establish formal mechanisms for the exchange of educational data and records</li> <li>3. Prioritize and allocate funds for transition supports and programs</li> <li>4. Conduct ongoing monitoring and continuous quality improvement of transition efforts</li> </ol>
<b>Practice 3. Address Gaps in Academic Skills and Accelerate Learning</b>	<ol style="list-style-type: none"> <li>1. Base instruction on functional and curriculum-based evaluation of student needs</li> <li>2. Provide tiered academic intervention programs</li> <li>3. Use explicit, scaffolded instruction</li> </ol>
<b>Practice 4. Instruct Students in Ways That Engage Them in Learning</b>	<ol style="list-style-type: none"> <li>1. Personalize the learning environment and instructional content</li> <li>2. Build conditions and opportunities that demonstrate to students their success</li> <li>3. Provide engaging, interactive, and hands-on learning opportunities</li> <li>4. Engage youth in educational decisionmaking</li> </ol>
<b>Practice 5. Address Behavioral and Social Needs To Promote Educational Success</b>	<ol style="list-style-type: none"> <li>1. Manage student behavior with positive rather than punitive approaches</li> <li>2. Engage the family to gain greater insight into the youth's behavioral needs</li> <li>3. Create a structured learning environment</li> <li>4. Align behavior management approaches across settings and domains</li> </ol>



This 2014 practice guide promotes a number of strategies that may improve educational outcomes for young children and thereby prevent or lessen the likelihood of their system involvement. Although “early childhood” is typically defined as birth through age 8 (Shonkoff & Phillips, 2000), for the purposes of this practice guide, “young children” are defined as those from birth to age 5. Thus, most of the discussion, practices, and strategies in this practice guide are most relevant to children who are typically characterized as infants, toddlers, preschoolers, or pre-kindergarteners.<sup>1</sup> Additionally, the focus of this practice guide is on early learning programs and services and practices (e.g., early intervention, quality child care, home visitation, and preschool education).

This guide suggests 4 new practices and 12 strategies that support the principle found in the Leone and Weinberg (2012) white paper that early education is essential for school readiness, school success, and positive outcomes in later life.<sup>2</sup> The practices included are the overarching recommendations that should be incorporated into the operational plans of child welfare and other agencies that serve young children, as well as educational agencies, when focusing on the delivery of early learning and improving outcomes for children. The suggested strategies identify ways agency staff might implement the overarching practices. In addition, resources and examples of the practices and strategies discussed in the guide are provided for practitioners and administrators to learn from colleagues engaged in educating and supporting the healthy development of young children. The four practices discussed in this guide focus on the principle that early learning is essential for children, with the goal of helping them avoid involvement in the juvenile justice and/or child welfare systems. These practices address the importance of early identification of children who may be vulnerable to involvement in the juvenile justice and/or child welfare systems, the necessity of providing them with access to evidence-based early intervention, the need to ensure children begin school ready to succeed, and the need to identify and promote ways in which their families/caregivers can have authentic involvement in the child’s education and collaborate with providers of educational supports and services. Early identification, evidence-based intervention, and family engagement are key to providing young children with the tools they need to circumvent adverse system involvement (Barnett, 2011; RAND, 2005a). Table 2 presents the landscape of strategies aligned with each of the practices presented in this guide.

**Table 2. Practices and Strategies Presented in This Practice Guide**

Practices	Strategies
<b>Practice 1. Conduct Early Identification of Vulnerable Children</b>	<ol style="list-style-type: none"> <li>1. Provide effective screening and assessment, including effective use of data for decisionmaking</li> <li>2. Ensure that effective assessments for learning and other disabilities are conducted early</li> <li>3. Conduct coordinated case management, including collaboration with education, health, family, and mental health services</li> </ol>
<b>Practice 2. Provide Access to Evidence-Based Early Intervention Practices</b>	<ol style="list-style-type: none"> <li>1. Provide access and exposure to high-quality early childhood education (ECE)</li> <li>2. Implement evidence-based behavior and social development support services</li> <li>3. Address health and nutritional needs that affect development</li> </ol>
<b>Practice 3. Identify and Promote Authentic Family/Caregiver Involvement</b>	<ol style="list-style-type: none"> <li>1. Implement evidence-based parent/caregiver training and support services</li> <li>2. Promote and facilitate family/caregiver collaboration</li> <li>3. Facilitate practices that support staff cultural competency</li> </ol>
<b>Practice 4. Ensure That Vulnerable Young Children Begin School Ready To Succeed</b>	<ol style="list-style-type: none"> <li>1. Provide effective emotional and behavioral supports to vulnerable young children</li> <li>2. Promote collaboration and coordination among agencies to facilitate quality services for vulnerable children from prenatal care through preschool enrollment</li> <li>3. Implement policies and procedures that enable successful transition of vulnerable children into school</li> </ol>

As agency staff, leaders in the field, and practitioners consider the 12 practices and 38 strategies found in the three guides, it is apparent that several themes resonate across all NDTAC practice guides:

- Family/caregiver engagement
- Appropriate and expedited information exchange across agencies
- Addressing needs of young people who have, or potentially may have, educational disabilities, as well as behavioral health concerns.

<sup>1</sup> “Pre-kindergarten” (pre-K) typically refers to structured early learning programs provided to children aged 3 and 4 years. However, in the literature, “pre-K” is sometimes used interchangeably with “preschool.”

<sup>2</sup> For the purposes of this practice guide, “early learning” includes early childhood education and early intervention services.



## Early Learning Is Essential

The following four practices and their related strategies address early childhood education (ECE). Although Title I, Part A (Part A) addresses specific supports for preschool children, it is important for those engaged with Part D to understand early childhood development and education as they relate to preventative measures. These practices are discussed in the following sections.

### Practice 1: Conduct Early Identification of Vulnerable Children

Many children experience supportive home and school environments that encourage healthy development, but some do not. Children who encounter challenges to their healthy cognitive, emotional, physical, or behavioral progress are at risk of having less than positive academic, social, and behavioral outcomes and need additional support and services (Jensen, 2009). However, before children who are at risk for negative outcomes can receive support and services, they must be identified. Early identification of children who are vulnerable is necessary if they are to have structured supports that address their needs.

There are a number of key indicators of young children and youth who are at risk for adverse educational outcomes:

- **Poverty.** Lack of access to sufficient economic resources and support is particularly detrimental to the ability of children and youth to attain positive educational, health, and other positive outcomes. In 2013, the poverty line for a family of four in the United States was \$23,050 (U.S. Department of Health and Human Services, 2013b).<sup>3</sup> Children from neighborhoods with concentrated poverty (defined as a poverty rate exceeding 20 percent) have more limited opportunities and are more likely to be vulnerable (RAND, 2005b).
- **Health.** For children and youth to develop optimally, they need access to quality health care. It is during regular visits that health providers can screen and assess for developmental issues and can also provide information concerning parental behaviors that enhance and promote positive social, cognitive, emotional, and physical development (RAND, 2005b).
- **Literacy.** Decades of research confirm that early home literacy activities are associated with more positive academic outcomes through the early and later years of formal education (Murnane, Sawhill, & Snow, 2012;

Shanahan & Lonigan, 2010). Engagement in activities that promote literacy is essential for later reading success.

Intentional focus by adults (e.g., families/caregivers, natural support providers, early learning professionals, or school nurses) on identifying and assisting the children who are most vulnerable during their early years, especially if they are known to the child welfare or juvenile justice systems, will increase the likelihood of positive outcomes in their middle and later years. For example, in 2013 the National Center for Homeless Education (NCHE), in collaboration with the National Association for the Education of Homeless Children and Youth (NAEHCY), published a brief that highlights the importance of early identification of young children who may be experiencing homelessness. This early identification can help agencies and those who provide support services to act quickly to ensure that the educational needs of these children are met consistently.

### Strategy 1: Provide effective screening and assessment, including effective use of data for decisionmaking

It is important to use effective screening and assessment tools to identify and assist children who may be vulnerable to poor academic and social outcomes (RAND, 2012; Snow & Van Hamel, 2008). Research shows that, although approximately one of every six children in the United States faces a developmental disability or a disabling behavioral problem before the age of 18, less than one-half of these children are identified before they start school (ZERO TO THREE, 2009). Children with such conditions continue to go unidentified despite the fact that early identification would mean significant reduction in expenditures throughout the course of their lives.

The National Infant and Toddler Child Care Initiative has developed extensive toolkits designed to promote the screening of young children. These toolkits, used by professionals and consultants, have a number of useful suggestions. For example, the infant/toddler developmental screening toolkit emphasizes that young children and the child care programs that serve them should be screened for the following: physical health, approaches to learning, social and emotional development, language and communication, cognitive development and general knowledge, motor development, and vision and hearing (National Infant and Toddler Child Care Initiative, 2010).

In addition, IDEA, Part C (Part C) authorizes early intervention services for infants and toddlers with disabilities, which are discussed in more detail below in Strategy 3. Specifically, Part C recommends that children under the age of 3 who are involved in a substantiated case of child abuse or neglect undergo screening to determine whether a referral to early intervention services is

<sup>3</sup> The \$23,050 Federal poverty guideline applies to a family of four in the 48 contiguous United States and the District of Columbia. For Alaska and Hawaii, the 2012 Federal poverty guideline for a family of four was \$28,820 and \$26,510, respectively.





necessary (U.S. Department of Health and Human Services, 2013a). Although not required by the IDEA statute, the U.S. Department of Health and Human Services (HHS) encourages States to refer *all* children suspected of having a disability and warranting a referral to early intervention services. Under Part C further emphasis was given to the importance of screening and assessing the need for early intervention through the mandate that every State establish an Interagency Coordinating Council (ICC) (IDEA, 20 U.S.C. § 1441[a][1], 2011). The ICC advises and assists the State Educational Agency (SEA) in the coordination and development of a comprehensive Statewide system of early intervention services for infants and toddlers with disabilities, or at risk for developing disabilities, and their families. Primary responsibilities of the ICC include:

- Identifying sources of fiscal and other support for services for the early intervention program
- Assigning financial responsibility to the appropriate agency
- Promoting interagency coordination.

Contact information for State ICC chairs is available at <http://ectacenter.org/contact/iccchair.asp>.

For any screening tool, reliability (i.e., the extent to which the tool is consistent) and validity (i.e., how well the tool measures what it says it measures) are important considerations. The National Infant and Toddler Child Care Initiative recommends that if a tool does not include information regarding its reliability and validity, it should not be used, as there is no evidence that the results gained from the tool are truly representative of the child's development.

Formal assessment or evaluation procedures of young children vary by individual State and may include the use of criterion-referenced or standardized assessment and evaluation tools. To assure familiarity with any assessment procedures that may be in place, NDTAC advises that coordinators become familiar with their State's infant/toddler development support systems. Although specific to Early Head Start, the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families provides a good overview of the various screening and assessment tools used to measure the effectiveness of services and outcomes for early learning (OPRE, n.d.).

Screening and assessment are not static occurrences, but are ongoing procedures to ensure and monitor children's progress. Data should inform the decisions made about the education and other services children receive, as well as provide a means to track the progress, or lack thereof, in children's outcomes. Early learning programs should engage in ongoing data collection and data-based decisionmaking so

that they may monitor and improve services for participating children and families/caregivers.

## **Strategy 2: Ensure that effective assessments for learning and other disabilities are conducted early**

Although Practice 1 addresses general screening and assessments that benefit all children, particular attention must be given to the needs of young children with special needs and disabilities. In addition to the key indicators outlined above, adults who interact with young children must also be alert for learning disabilities as they, too, contribute to academic and behavioral difficulties children may encounter. Research shows that children involved with child welfare agencies (e.g., foster care) often experience physical, developmental, and emotional problems, including attachment disorders, social and emotional disturbances, cognitive deficits, neurobiological changes in the brain, and failure to thrive (Jaude & Shapiro, 1999). Many of these conditions are associated with disabilities, in particular learning disabilities.

The Individuals with Disabilities Education Act (IDEA) authorizes special education for children aged 3–21 with disabilities. To facilitate identification of children with special education needs, Part C authorizes early intervention services for services for infants and toddlers (birth through age 3) with disabilities. As defined by IDEA regulation, “early intervention services” refers to developmental services that (1) are provided under public supervision; (2) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and (3) are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family service plan team. Areas in which early intervention services are provided include physical development, cognitive development, communication development, social or emotional development, and adaptive development. Examples of early intervention services for children with special education disabilities include:

- Family training, counseling, and home visits
- Special instruction
- Speech-language pathology and audiology services, and sign language and cued language services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Medical services only for diagnostic or evaluation purposes



- Early identification, screening, and assessment services
- Health services necessary to enable the infant or toddler to benefit from the other early intervention services
- Social work services
- Vision services
- Assistive technology devices and assistive technology services
- Transportation and related costs necessary to enable an infant or toddler and the family to receive other intervention services.

### **Strategy 3: Conduct coordinated case management, including collaboration with education, health, and mental health services**

As important as screening and assessment are for young children, they should not occur in a vacuum. Collaboration among providers of education, health, and mental health services is required to ensure that children get the services they may need. A detailed discussion regarding the need for interagency communications and collaboration is provided in NDATC's *Practice Guide: Improving Educational Outcomes for Youth in the Juvenile Justice and Child Welfare Systems Through Interagency Communication and Collaboration* (Gonsoulin & Read, 2011). Although not specific to early childhood education (ECE), the practice guide provides ample suggestions for ways to accomplish collaboration, communication, and coordination. For example, in Practice 1 it emphasizes the importance of collaborative decisionmaking among agencies. It suggests that one way in which agencies can work toward interagency collaboration, building on their communication and cooperation efforts, is to make relevant cross-system practice and resource decisions jointly rather than independently. This means that youth involved in two or more systems would have their needs addressed through joint meetings between those agencies providing care. Joint decisionmaking can lead to more effective services targeting the needs of youth, families, and the community, and requires strong cross-agency leadership. An example of this practice as it relates to early childhood

is having child welfare agencies work collaboratively with education programs such as Head Start and Early Head Start to provide quality early learning for children living in foster care. Such a program might require the intervention of family courts having jurisdiction over child welfare cases (Leone & Weinberg, 2012). In this example, as in others of collaboration among child-serving agencies, the ultimate goal of cross-agency decisionmaking is to use all available resources to meet the needs of children and youth who are at risk.

### **Practice 2: Provide Access to Evidence-Based Early Intervention Practices**

Due to the increasing interest in early intervention, more attention has been given to the effectiveness of intervention practices (Bruder, 2010). As a result, the field of early intervention for young children benefits from ongoing research concerning the effects of evidenced-based practices on cognitive, social, emotional, and behavioral development (Camilli, Vargas, Ryan, & Barnett, 2010). Programs shown to be effective through rigorous (i.e., valid and credible) research are known as evidence-based practices (EBPs). The concept of EBPs has been applied to early intervention research to help identify effective practices and provide better decisionmaking tools to the field, as well as to provide accountability to funders of programs.

The concept of EBPs, and clear criteria for their identification, continues to evolve in the fields of early childhood education and early intervention (Mattox & Kilburn, 2013). Nevertheless, early childhood and early intervention professionals are encouraged to pay attention to EBPs because (1) scientifically proven effective programs are more likely to make a difference in the lives of infants, toddlers, and their families/caregivers; and (2) scarce and valuable resources should be directed to where they will provide the biggest return on investment (ZERO TO THREE, 2012). Despite the ongoing evolution of EBPs in early childhood education and early intervention, as reported by Leone and Weinberg 2012, a number of evidence-based programs have been implemented with success. These are summarized in Table 3 below.

**Table 3. Summary of Select Evidence-Based Early Childhood Education and Early Intervention Programs<sup>4</sup>**

Program Focus	Program Name	Brief Description
Early Intervention	<b>Abecedarian Project</b>	The Abecedarian Project was a carefully controlled scientific study of the potential benefits of early childhood education for poor children. Four cohorts of individuals, born between 1972 and 1977, were randomly assigned as infants to either the early educational intervention group or the control group. Children from low-income families received full-time, high-quality educational intervention in a child care setting from infancy through age 5. ( <a href="http://abc.fpg.unc.edu">http://abc.fpg.unc.edu</a> )
	<b>Early Head Start Program</b>	In 1995, Early Head Start (EHS) was established as a complementary program to Head Start to promote healthy parental outcomes for pregnant women, the development of children from birth to age 3, and healthy family functioning. EHS programs utilize multiple strategies to provide a wide range of services to participants. Services include child development services delivered in home visits, child care, comprehensive health and mental health services, parenting education, nutrition education, health care and referrals, and family support. ( <a href="http://www.promisingpractices.net/program.asp?programid=135">http://www.promisingpractices.net/program.asp?programid=135</a> )
Early Education	<b>Chicago Child–Parent Centers</b>	Founded in 1967, the Chicago Child–Parent Centers (CPCs) provide comprehensive educational support and family support to economically disadvantaged children and their parents. The guiding principle of the program is that by providing a school-based, stable learning environment during preschool, in which parents are active and consistent participants in their child’s education, scholastic success will follow. The program requires parental participation and emphasizes a child-centered, individualized approach to social and cognitive development. ( <a href="http://www.promisingpractices.net/program.asp?programid=98">http://www.promisingpractices.net/program.asp?programid=98</a> )
	<b>Head Start Program</b>	Established in 1964, Head Start is a Federal program that promotes the school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social services, and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services. ( <a href="http://www.acf.hhs.gov/programs/ohs/about">http://www.acf.hhs.gov/programs/ohs/about</a> )
	<b>HighScope Perry Preschool Project</b>	The HighScope Perry Preschool Project implemented an intensive, early childhood education program using an open framework of educational ideas and practices based on the natural development of young children. Conducted from 1962 to 1967, the program was provided to 123 three- and four-year-old African American children from low-income neighborhoods in Ypsilanti, MI. The teachers conducted daily classroom sessions for 2.5 hours on weekday mornings for children and weekly home visits to each mother and child for 1.5 hours on weekday afternoons during the course of a 30-week school year. The home visits were intended to involve the mother in the educational process and to help her to provide her child with education support and implement the curriculum within the child’s home. The HighScope Perry Preschool Program researchers have followed the children from the initial study for four decades, with continued positive effects from the intervention. ( <a href="http://www.promisingpractices.net/program.asp?programid=128">http://www.promisingpractices.net/program.asp?programid=128</a> )
Parent/Caregiver Training	<b>Family Thriving Program</b>	The Family Thriving Program (FTP) uses cognitive reframing as a method for correcting parents’ biased understanding of the relationship between themselves and their children. It has been proposed that a skewed view of the parent-child relationship may contribute to child abuse and neglect. FTP is an enhancement to home visitation models that incorporates cognitive appraisal methods to assist parents in becoming “competent and independent problem solvers.” ( <a href="http://www.promisingpractices.net/program.asp?programid=271">http://www.promisingpractices.net/program.asp?programid=271</a> )
	<b>Incredible Years Training Series</b>	The Incredible Years series is a set of comprehensive curricula targeting children ages 0–12, their parents, and their teachers. The curricula are designed to promote emotional and social competence and to prevent, reduce, and treat children’s behavioral and emotional problems. ( <a href="http://www.promisingpractices.net/program.asp?programid=134">http://www.promisingpractices.net/program.asp?programid=134</a> )

<sup>4</sup> This list of evidence-based programs and descriptions is adapted from the Leone and Weinberg (2012) white paper.





The programs described in table 3 are a sample of early learning and early intervention programs that have been proven effective. For additional information on these and other evidence-based programs, refer to the Promising Practice Network (PPN), as identified in many of the links above and in the appendix, which offers research-based information on what works to improve the lives of children and families.

### Strategy 1: Provide access and exposure to high-quality early childhood education

As Federal policies have shifted to underscore the importance of ECE, States have aggressively moved to develop and implement ECE that aligns with National policy. There are many ECE programs, but as the research shows, attention must be paid to the quality of services provided (Rashid, 2009; U.S. Department of Health and Human Services, 2010). Some of the same core components of high-quality K–12 education also define high-quality ECE and include:<sup>5</sup>

- **Classroom size.** ECE classrooms should have small group sizes and low teacher-to-child ratios to ensure that children receive sufficient interaction, attention, and observation.
- **High-quality teachers.** ECE teachers should be certified or receive college training in early childhood education.
- **High-quality recognized programs.** Programs should be in the highest tiers of a State Quality Rating and Improvement System or hold nationally recognized accreditation (e.g., the National Association for the Education of Young Children [NAEYC] or the National Association for Family Child Care [NAFCC]).
- **Curricula.** Instruction should be based on evidence-based preschool curricula aligned with the State's early learning and development standards. Children must be prepared to successfully transition to kindergarten and beyond.
- **Family engagement and support.** As the first teachers of children, families/caregivers need to be partners in their children's education, beginning with support for the parent-child relationship. That relationship is a key predictor for success in children's early learning and healthy development, and the family's continuing engagement in early education.
- **Accountability.** Use of data is important to support effective decisionmaking. Data sources could include assessment of children's needs and program quality.
- **Compensation.** Adequate compensation to encourage recruitment and retention of staff is critical.

These factors not only promote strong, secure relationships and high-quality interactions between teachers/caregivers and children but also improve attention to children's interest in problem-solving, language development, social skills, and physical development (Cohen, Onunaku, Clothier, & Poppe, 2005). NAEYC (n.d.) has identified additional standards related to high-quality ECE, for example, leadership and management, physical environment, and assessment of the child's progress. Additional information regarding Federal policies related to early childhood education quality, especially as it relates to LEAs and Title I funding and allowable activities, is available in the U.S. Department of Education's 2012 Title I, Part A, Nonregulatory Guidance. The 2013 NCHE brief, referenced under Practice 1, also speaks to the importance of interagency coordination and family collaboration in promoting positive outcomes for young children who are vulnerable and at-risk for poor academic outcomes.

### Strategy 2: Implement evidence-based cognitive- and behavior-development support services

In conjunction with the education services young children receive in early childhood education settings, it is important to provide access to additional supports for cognitive and behavioral development. Included in this are supports for social and emotional learning (SEL).

SEL for young children ages birth to age 8, as suggested by Cohen et al. (2005), is sometimes called "early childhood mental health," "infant mental health," or "healthy social and emotional development." It refers to a child developing the capacity to experience, manage, and express the full range of positive and negative emotions; develop close, satisfying relationships with other children and adults; and actively explore their environment and learn.

Early childhood social and emotional development is linked to every other area of growth and development—physical growth and health, communication and language development, and cognitive skills, as well as the child's early relationships. If young children do not achieve early social and emotional milestones that are linked to positive early childhood mental health, they will not do well in the early school years and, subsequently, are at higher risk for school failure, juvenile delinquency, and a variety of other problems later in life (Cohen et al., 2005).

There are a number of sources for evidence-based supports in these areas, and a comprehensive assessment of the research in the field is provided by the Collaborative for Academic, Social, and Emotional Learning (CASEL). In 2012, CASEL released its preschool and elementary school (K–5) SEL program guide, which is a valuable resource for educational leaders and teams aspiring to implement research-based approaches to promote students' social-emotional

<sup>5</sup> This list of high-quality ECE core components was adapted from Arizona Early Childhood Development and Health Board (2007).





development and academic performance. The CASEL guide also offers guidance to SEL program developers who seek to improve their programs, researchers who evaluate SEL programs, and policymakers who want to encourage the use of best educational practices.

NDTAC's brief *Improving Conditions for Learning for Youth Who Are Neglected or Delinquent* (Osher, Sidana, & Kelly, 2008) offers additional information on SEL issues and links to other resources. The brief and associated resources do not target an early childhood population, but many of the strategies it references can be useful in ECE and intervention settings. For example, one of the strategies recommended in the brief is to pay attention to the context of the learning environment. That is, the relationships that children and youth encounter in the context of their school or learning environment are important to their academic and social outcomes. Another strategy recommended in the brief is the provision of sufficient support to teachers and staff. It is critical that preschool programs provide to teachers and staff the support they require to perform their jobs well.

### Strategy 3: Address noncognitive needs that affect early learning experiences

From birth, young children are engaged in building relationships and trust in their caregivers. Failure to build successful relationships can often lead to failure in other aspects of children's lives, including academic outcomes (Cohen et al., 2005). It is also well established in research that adults and children are influenced by their environment (Bronfenbrenner, 1989). Thus, it may be said that children who do not feel safe and secure in their environment—including their home environment—and have not developed trust and successful relationships are not likely to progress in a healthy way, which can affect academic and other outcomes.

Physical health also affects academic and other outcomes, and children need access to basic, comprehensive health care to ensure that health issues do not present barriers to success. For young children, optimal health care begins with prenatal care of the fetus and mother to ensure healthy physical development even while in utero. For example, a brief by the PPN (2010) highlights the negative effects of low birth weight. According to PPN, "low birth weight" is defined as birth weight under 5.5 pounds and is associated with poor outcomes over the entire life course of an individual:

*Lower birth weight babies are more likely to die in the first year of life and suffer from chronic health conditions, such as asthma and high blood pressure, as well as compromised cognitive development. The disadvantage from low birth weight persists into adulthood, with lower birth weight individuals scoring lower on IQ tests at age 18, attaining less education, and earning less income than their peers. (p. 1)*

The following are identified in the brief as promising approaches to combat the effects of low birth weight:

- Improving women's general health over the life cycle. This includes improving health conditions such as diabetes, asthma, mental illness, and others that are related to poor birth outcomes.
- Helping women improve fertility planning to reduce unwanted pregnancies and space births at least 18 months apart.
- Encouraging women to engage in healthy preconception behaviors such as taking folic acid supplements and identifying pregnancies in a timely fashion.
- Improving the health behaviors of pregnant women, including smoking cessation, reducing or quitting drug use, and appropriate weight gain.
- Screening pregnant women for certain medical conditions, such as infections and physical abnormalities.

A broader discussion of the issue of low birth weight and premature birth, and promising practices that effectively combat their negative impact, can be found on the PPN Web site (see [http://www.promisingpractices.net/resources\\_lowbirthweight.asp](http://www.promisingpractices.net/resources_lowbirthweight.asp)).

### Practice 3: Promote and Identify Authentic Family/Caregiver Involvement and Collaboration

Along with ECE, family/caregiver engagement is another important ingredient for improving school readiness and reducing the achievement gap. Research has shown that parent/caregiver involvement in the educational setting also benefits children beyond their academic outcomes, and the degree of parent/caregiver involvement in ECE settings has been shown to be associated with children's development of positive relationships with other children and adults and with learning (Izzo, Weissberg, Kasprow, & Fendrich, 1999; McWayne, Hampton, Fantuzzo, Cohen, & Sekino, 2004). In addition, consistent involvement among parents/caregivers throughout the elementary school years is associated with outcomes that are more positive for students at risk (Jeynes, 2005).

It is important to keep in mind that the involvement and collaborative engagement of parents/caregivers must involve *authentic partnerships*. Auerbach (2010) defines "authentic partnerships" as respectful alliances among educators, families, and community groups that value relationship building, dialogue, and power sharing as part of socially just, democratic schools. By engaging parents and caregivers as partners in decisionmaking about their children's academic, social, emotional, and behavioral development, they are both



empowered and motivated to expand their understanding of how their actions influence their children. *NDTAC Issue Brief: Family Involvement* provides additional information and resources (Brock, Burrell & Tulipano, 2006).

### Strategy 1: Implement evidence-based parent/caregiver training and support services

Evidence-based parent/caregiver training and support services have demonstrated scientific evidence of improving child, parent, and/or family functioning. The benefit of having evidence-based parent/caregiver training and support services parallels the benefit of any EBP. The services are proven to work with their target audience, and they provide accountability. Not only does the provision of parent/caregiver training and support enhance the well-being and outcomes of children, but with increased scrutiny concerning how reduced Federal, State, and local funds are spent, it behooves early learning and early intervention providers to incorporate the very best practices and strategies available.

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a National Registry of Evidence-Based Programs and Practices (see [Appendix](#)), which is a good resource to review. In addition, it is good to review the parent/caregiver training resources provided by other Federal programs that specifically target early childhood education. For example, the National Center on Parent, Family, and Community Engagement provides parent/training information for technical assistance providers in Early Head Start and Head Start, as well as resources that directly target parents/families (see <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family>). This site features an *Everyday Parenting* section, which provides tips and strategies for effective parenting, and a *Safe and Healthy Families* section, which provides information on a diverse set of issues (e.g., childhood overweight and obesity, developmental screening, and keeping preschool children drug free).

Established in 2010, the Office of Child Care (OCC), administered by the AFC, also provides support to low-income working families by providing access to affordable, high-quality early care and after-school programs. OCC administers the Child Care and Development Fund (CCDF) and works with State, Territory, and Tribal governments to provide support for children and their families juggling work schedules and struggling to find child care programs that will fit their needs and prepare children to succeed in school. OCC helps families identify quality child care, and through CCDF, families can receive grants to assist with child care costs.

Finally, NDTAC's family involvement web pages are another resource for additional strategies for meaningful engagement of families/caregivers. Although directed to families of youth who are system involved, the Web site contains two guides—

*Family Guide to Getting Involved in Your Child's Education at a Juvenile Justice Facility* and *Facility Toolkit for Engaging Families in Their Child's Education at a Juvenile Justice Facility*—that provide strategies that address effective engagement of families/caregivers by program administrators and practical tips to help families/caregivers in their parental roles.

### Strategy 2: Promote and facilitate family collaboration

Research has shown that when parents/caregivers are involved in their children's lives, children have positive outcomes (Epstein, 2001; Izzo et al., 1999; McWayne et al., 2004). The same holds true in ECE and early intervention settings. However, many parents/caregivers of children face barriers to their engagement. Among these barriers are language and other impediments to communication, lack of transportation, transient living arrangements and other challenges to stable home environments, inconsistent employment, challenges of time and/or work schedules, conditions of impoverishment, and social isolation. There are many ways in which programs, facilities, schools, and child care providers might address these challenges (Henderson & Mapp, 2002; Lamb-Parker et al., 2001; Mendez, 2010; Morrison, Storey, & Zhang, 2011; Warren, Hong, Rubin, & Uy, 2009). Some examples include:

- Remembering that relationship building and trust are important, and taking the time to get to know the parents/caregivers and their concerns
- Making it clear that parents/caregivers are welcome to ask questions
- Scheduling meetings at times and places that are convenient for parents/caregivers and that accommodate their jobs or other responsibilities, including other children
- If necessary, providing translation or encouraging the inclusion of a trusted person to translate
- Including parents as partners in decisionmaking.

Relationship-rooted practice is first in the development of successful family engagement and is always critical. However, there may be barriers to relational practice. For example, it may be that, despite best efforts, parents do not appear engaged in collaboration. If this seems to be the case, consider what might be a barrier to parent engagement. Language or cultural differences may render parents unsure of how to proceed when offered an opportunity to collaborate with ECE and early intervention professionals. Sometimes parents feel overwhelmed because of other issues in their lives that they do not share. Parents may be depressed. These and any number of other reasons may inhibit parental engagement and collaboration. In such





cases, it is advisable to undertake a more intense effort to try different approaches to build trust and establish a relationship. It may also help to confer with other family supports and services (e.g., law clinics, health services, or mental health practitioners) to determine whether additional services are needed by parents, family members, or caregivers.

### **Strategy 3: Facilitate practices that support cultural competence**

Over the past decades, research on cultural competence has grown substantially, informing every aspect of society. An expanding body of literature delineates what defines cultural competence, why it is important, and how best to incorporate it (see, e.g., Gay, 2010; James, Smith, & Laird, 2011). In the context of early learning, cultural competence is as important as it is in later years, if not more so. Young children are inquisitive, trusting, and vulnerable; their interactions with early learning and early intervention professionals can be beneficial or detrimental to their development and perceptions of self (Verschueren, Doumen, & Buyse, 2012).

To promote the optimal development of young children, professionals who interact with them should keep in mind that children come from a variety of cultural, ethnic, racial, and linguistic backgrounds, each of which is unique and warrants respect. Petersen, Jones, and McGinley (2008) provide examples of ways that cultural differences may be expressed more explicitly:

- The toddler recognizes print symbols in the alphabet of his home language as having meaning.
- The toddler eats as expected according to family norms, which might include being spoon-fed by an adult, finger- or spoon-feeding himself, using “learner” chopsticks, scooping stewed meats and vegetables with pieces of the sponge-like bread injira, or rolling foods in tortillas.
- The baby takes part in “conversations” according to family and cultural norms, which may mean reciprocal interactions, listening only, meeting the speaker’s eyes, or keeping one’s eyes cast down.

These examples reinforce the importance of embracing and not discouraging expression of difference among various groups of children and their families/caregivers.

Cultural perspectives are a major influence that informs the choices made by both families and professionals in the arenas of education and family engagement. For example, cultural perspectives can influence whether the family views itself as “educators” in the life of its children or whether this role is assigned to professional teachers and the context of formal schooling. Cultural perspectives may

also influence when a family believes children are ready for literacy activities and the types of exposure to literacy it provides. Professionals may bring their own cultural perspectives that affect their beliefs about the correlation of developmental and behavioral outcomes to, for example, family socioeconomic status. As suggested by Rosberg (2001), cultural competency training for early childhood teachers should include (1) understanding individual differences in development and learning, including risk factors, developmental variations, and developmental patterns of specific disabilities and special abilities; and (2) recognizing that children are best understood in the contexts of family, culture, and society, and that cultural and linguistic diversity influence development and learning. To develop such competencies, Rosberg recommends that preservice early childhood education include assignments such as completing home visits, observing and anecdotal record keeping in field placements, student teaching in early childhood placements, applying current research, conducting individual and group assessments, interviewing parents and early childhood teachers, developing individual education plans, developing cultural sensitivity, and demonstrating the ability to make accommodations for children with special needs.

### **Practice 4: Ensure That Vulnerable Young Children Begin School Ready To Succeed**

As is stated in the white paper by Leone and Weinberg (2012), “the agencies that are responsible for serving children and youth in the child welfare and juvenile justice system have an obligation to address the educational needs of these populations” (p. 33). The authors go on to emphasize the need for early intervention to ensure that young children enter school (i.e., kindergarten) well prepared to succeed academically as well as in other outcomes (e.g., positive behavioral and emotional outcomes).

Decades of developmental research have demonstrated that different early childhood experiences are associated with significant variation in brain, cognitive, language, and social development among children (Shonkoff & Phillips, 2000) and may explain subsequent school-readiness gaps—differences in skills predictive of subsequent school success (Hamre & Pianta, 2001; Hart & Risley, 1995; Kagan, Moore, & Bredekamp, 1995; National Research Council [NRC], 2008; Shonkoff & Phillips, 2000; Snow, 2007; Zill & West, 2001). School-readiness gaps have been found to persist well into elementary and secondary school (Stipek & Hakuta, 2007). Research supports the view that quality ECE experiences can have a positive impact on children’s development and school-readiness skills, particularly for children from low-income families (Gormley, Gayer, Phillips, & Dawson, 2004; Schweinhart et al., 2005). Quality ECE has been demonstrated to increase reading, mathematics, and problem-solving skills (Frede, Jung, Barnett, & Figueras, 2009;



Frede, Jung, Barnett, Lamy, & Figueras, 2007; Gormley et al., 2004; Magnuson, Ruhm, & Waldfogel, 2007; Reynolds & Temple, 1998) and reduce grade retention (Gilliam & Zigler, 2004; Reynolds & Temple, 1998). Consequently, high-quality early childhood programs regard school readiness as a primary goal—a notion underscored by the first National Education Goals Panel, which aimed for all children in the United States to start school ready to learn by the year 2000 (Kagan, 1990).

Taken together, all of the strategies suggested under Practices 1 through 3 establish a strong foundation for ensuring that young children are prepared to succeed once they transition to formal school, typically considered the kindergarten year. However, still other strategies can be used to support their school-readiness success in kindergarten and beyond. This section suggests some strategies that are useful in helping young children as they move from preschool to kindergarten and elementary school.

### **Strategy 1: Provide effective emotional and behavioral supports to young children**

As with older children, positive behavioral interventions and supports (PBIS) in the context of early intervention is conceptualized best in the larger framework of prevention. The tiered model of prevention offers a hierarchy of prevention and intervention strategies, with the intensity of the strategies geared to the level of perceived need. Citing Fox, Dunlap, Hemmeter, Joseph, and Strain (2003), the Office of Special Education's Technical Assistance Center on PBIS provides the following model of a tiered prevention framework for preschool children:

#### **1. Primary Level**

The universal level of primary prevention consists of two major categories on the teaching pyramid: (1) the quality of positive relationships developed between the child and the child's parents, teachers, child care professionals, other caring adults and, eventually, peers; (2) basic levels of adult-child interactions, guidance and modeling with respect to empathy for others, assistance with problem solving, and the provision of comprehensible, predictable, and stimulating environments. Children's healthy social-emotional development is a function of the stability, security, and consistency of trusting, affectionate relationships that are developed during the child's years as an infant and toddler. These relationships provide the context and the mold from which the child's future relationships and interactions will emerge, and they serve as the basis for the early guidance and instruction that adults offer to the child. The stronger the positive relationship an adult has with a child, the more effective the adult will be in helping the child acquire social competencies. Similarly, adherence to guidelines for positive parenting, and the physical

arrangements associated with safety and orderliness in home, child care, and classroom settings, help to promote healthy social-emotional development among children and reduce the incidence of serious challenging behavior.

#### **2. Secondary Level**

Secondary prevention practices target children who experience circumstances known to increase the risk of social-emotional disorders and the development of challenging behaviors. Risk factors may include poverty; exposure to abusive, neglectful, or violent home situations; delays or disabilities in learning or communication; maternal depression; and other variables (Campbell, 1995; Huffman, Mehlinger, & Kerivan, 2000; Qi & Kaiser, 2003). A variety of parent training, social skills and social-emotional curricula, and multicomponent intervention programs have been developed to assist to these children. Examples of social and social-emotional curricular and multicomponent intervention programs that have shown to be effective, as shown in table 3, include Chicago Child-Parent Centers and Early Head Start.

#### **3. Tertiary Level**

This level of the teaching pyramid refers to those young children who already demonstrate patterns of persistent challenging behavior and who require more concerted and individualized intervention efforts. The challenging behaviors of these children may accompany a developmental delay or disability (due to increased risk factors), though a diagnosis or identified disability is not necessarily present. One approach that research notes helps children at this level is Response to Intervention (RTI; Barnett et al., 2006). According to the National Center on Response to Intervention, RTI includes a combination of high-quality, culturally and linguistically responsive instruction; assessment; and evidence-based intervention. Comprehensive RTI implementation contributes to more meaningful identification of learning and behavioral problems, improves instructional quality, provides all students with the best opportunities to succeed in school, and assists in the identification of learning and other disabilities.

This tiered approach was developed to ensure that young children at various stages of development could receive the supports and services they need to be successful.

### **Strategy 2: Promote collaboration and coordination among agencies to facilitate quality services for vulnerable children from prenatal care through preschool enrollment**

As important as it is to pay attention to the needs of vulnerable young children, it is equally important that





agencies and organizations work together collaboratively and coordinate the services and supports these children require. A significant amount of coordination occurs at the Federal level. For example, the Office for Early Childhood Development (OECD), under the Administration on Children and Families at the U.S. Department of Health and Human Services, provides a focused approach for improving early childhood education and development. It coordinates across Federal programs and initiatives, such as the Office of Head Start; the Office of Child Care; the Maternal, Infant, and Early Childhood Home Visiting Program; Early Childhood Health; and Race to the Top—Early Learning Challenge. In another example of Federal-level collaboration, ED's Office of Early Learning (located in the Office of Elementary and Secondary Education), and the Office of Planning, Evaluation, and Policy Development work together to coordinate early learning policy and initiatives of the administration, such as expanding access to high-quality preschool for low-income children, including young children experiencing homelessness. NDTAC recommends that State and local agencies emulate these models of collaboration and coordination.

There are also collaborative efforts and coordination between the Federal and State levels. For example, in 2013 a new initiative, *Strong Start for America's Children* was proposed by Congress. The bill outlines a 10-year initiative to expand and improve early learning opportunities for children across the birth to age 5 continuum. The bill would fund preschool for 4-year-old children from families earning below 200 percent of the Federal poverty level, and encourage States to spend their own funds to support preschool for young children with family incomes above that level. The legislation would establish a new Federal-State partnership with formula funding for 4-year-old preschoolers, with a State match, to all eligible States, based on each State's proportion of 4-year-olds with families meeting the income threshold. States would provide subgrants to high-quality, local providers, including Local Educational Agencies (LEAs) and community-based providers (such as child care and Head Start programs) that have partnerships with LEAs. (As of May 2014, the Senate Health, Education, Labor, and Pensions Committee approved the Strong Start for America's Children Act.)

In addition, as part of the Early Education Plan in partnership with States and through the Administration for Families and Children, the Federal government is providing funding for the Early Head Start – Child Care Partnerships. This initiative offers children and families access to high-quality early learning experiences that support working families by providing a full-day, full-year program. It expands high-quality early learning to infants and toddlers by enabling funding for Early Head Start grantees to partner with center-based and family child care providers who agree to meet Early Head Start Program Performance Standards.

### Strategy 3: Implement policies and procedures that enable successful transition of vulnerable children into school

Research underscores the importance of ensuring that children have successful transitions into kindergarten (Bohan-Baker & Little, 2002; Kraft-Sayre & Pianta, 2000; Nix, Bierman, Domitrovich, & Gill, 2013). It also informs the policies and procedures that facilitate the ability of vulnerable young children to transfer successfully into kindergarten. For example, in their work, Kraft-Sayre and Pianta (2000) identify five guiding principles, which they argue form the core elements of transition practices that can be applied to individual children, families, and schools. Derived from extensive analysis of best practices with young children and knowledge about supporting healthy child and family development, Kraft-Sayre and Pianta present the following five principles to guide young children's successful transition to kindergarten:

1. *Foster Relationships as Resources.* Supportive, effective relationships are resources for children. When a child is involved in and surrounded by supportive relationships, the transition to kindergarten occurs more smoothly.
2. *Promote Continuity From Preschool to Kindergarten.* Fundamental to a smooth transition are relationships that serve as bridges between the family and school and provide continuity from preschool to kindergarten. These relationships can be found among parents, teachers, family workers, other school staff, and the child's peers.
3. *Focus on Family Strengths.* Relationships between schools and families, reflecting the strengths of families, can be developed through supportive, positive interactions initiated by the school.
4. *Tailor Practices to Individual Needs.* The actual set of transition practices enacted with a given family or classroom must be based on the needs and strengths of that child, family, teacher, school, and community.
5. *Form Collaborative Relationships.* Collaboration among the key players in the transition process—teachers, principals, family workers, and families—is fundamental in developing and implementing successful transition practices.

Kraft-Sayre and Pianta (2000) pose the following questions for consideration by professionals as they use these principles to analyze their current or intended practices: To what extent does a particular transition practice foster relationships? Does it lead to a sense of continuity and stability for the child and family moving from preschool to kindergarten? Does a practice identify or foster family strengths or, like

many assessment practices, does it focus on weaknesses and risk? These questions and others presented in the framework of this approach are useful to agencies and organizations involved with facilitating the transition of young children into school. Agencies and programs that provide early childhood education services should consider the use of similar questions and design indicators for metrics that measure the quality and success of their services.

In addition to the resources found in research, Government Agencies also provide resources and guidelines to help with the transition of vulnerable children to kindergarten. Through the National Center on Quality Teaching and Learning (NCQTL), the Office of Head Start (OHS) provides many resources to smooth the transition from preschool to kindergarten. NCQTL and its academic partners work on a number of goals related to early learning, among which is the identification of research-based practices that support school readiness. NCQTL offers videos, planning resources, and partnership support to assist those who are engaged in working across systems to help young children and their families transition to school. For example, NCQTL provides resources for planning among transition teams and for parent engagement.

## Conclusion

It is important to provide high-quality education services to young children early—for those who may be involved in child welfare systems (e.g., foster care) to avoid deeper penetration into the system, and to ensure young children who are not system involved have access to assessments and services that can help them avoid future system involvement. This practice guide, based on the principle that **early learning is essential**, offers practices and strategies that are applicable to all children but particularly essential for young children at risk for involvement in the juvenile justice and child welfare systems. Only by providing high-quality educational services and supports that begin at an early age can we stem the “pipelines to prison” tide and give young children the foundation they need for success. Administrators of Part D programs and facilities, along with families/caregivers and communities, must be committed to understanding the practices and strategies discussed in this practice guide and, to the extent possible, ensure that they are implemented. This effort will improve academic and related outcomes for the young children at risk for system involvement and, optimistically, help them avoid juvenile justice and delinquent systems altogether.



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## Appendix: Resources and Examples

This appendix provides resources and examples of the practices and strategies described in this guide. These examples and resources embody many or all of the strategies for each practice and, although items are organized by practice, many exemplify more than one practice. As the guide asserts, it is important to consider implementing these practices and strategies in concert to form a coherent and comprehensive program. Web-based links immediately follow each brief description of resources and examples.

### Practice 1: Conduct Early Identification of Vulnerable Children

The article “**Supporting Vulnerable Learners in the Primary Grades: Strategies to Prevent Early School Failure**” provides early elementary school teachers with specific strategies to support the diverse needs of children who are vulnerable to failure in school. Such children include those who have an increased risk for failure because of specific characteristics that have been found to predict problems in school, such as poverty. A theoretical framework is provided to illustrate the multiple and interactive influences affecting vulnerable children. Specific strategies for establishing relationships, addressing the needs of children who exhibit challenging behaviors, and supporting language development are discussed.

<http://ecrp.uiuc.edu/v5n2/stormont.html>

**Supporting Partnerships to Assure Ready Kids (SPARK)** is a National initiative involving partnerships of communities, State agencies, and schools in seven States and the District of Columbia. These partners coordinate comprehensive support for quality early learning experiences for children aged 3–6 who are vulnerable to poor achievement. SPARK also helps communities unite resources to better prepare young children for school and to better prepare elementary schools for children. SPARK grantees work toward three readiness outcomes: (1) improved early care and education, better screenings, and the cultivation of parents and others as learning advocates for children; (2) improved transition and alignment between preschool, kindergarten, and first grade; and (3) the mobilization of public will to put children at the center of a seamless continuum for early and elementary education.

<http://www.wkkf.org/knowledge-center/resources/2009/03/supporting-partnerships-to-assure-ready-kids.aspx>

The **Tip Sheet for Early Childhood–Child Welfare Partnerships** discusses several Federal policies and programs in place to promote access to high-quality, stable early care and education for children in the child welfare system, and numerous opportunities for further strengthening collaboration between early childhood and child welfare systems. Research on early childhood has clearly demonstrated that infants and young children at greatest

risk for abuse or neglect or who have experienced abuse, neglect, trauma, or toxic stress are a particularly vulnerable population that needs special attention, with an emphasis on continuous quality care experiences. Promoting children’s optimal development by ensuring high-quality early care, as well as early detection and early intervention services, can result in better safety, permanency, and well-being outcomes for infants and young children served by both child welfare and early childhood systems.

<https://www.childwelfare.gov/pubs/ec-cw-tipsheet.pdf>

### Practice 2: Provide Access to Evidence-Based Early Intervention Practices

The **Promising Practices Network (PPN)** is a group of individuals and organizations dedicated to providing quality evidence-based information about what works to improve the lives of children, families, and communities. Details regarding these groups and their projects can be located on their Web site. This network is operated by the RAND Corporation, a nonprofit research organization. Network members provide guidance and collaborate to develop and promote the PPN Web site. A core team of staff at the RAND Corporation develops and maintains the Web site. PPN also relies on the ongoing support and expertise of many scientific reviewers and subject matter experts.

<http://www.promisingpractices.net/>

The U.S. Department of Health and Human Services launched **Home Visiting Evidence of Effectiveness (HomVEE)** to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to age 5. The HomVee Web site provides a brief description of program models, evidence of program model effectiveness, prerequisites for implementation, training requirements, estimated costs, implementation experiences, and program model contact information. <http://homvee.acf.hhs.gov/>

The **Maternal, Infant, and Early Childhood Home Visiting (MIECHV)** program, which is administered by the Health Resources and Services Administration and the Administration for Children and Families, facilitates collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The primary focus of the MIECHV program is to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. MIECHV is an evidence-based policy initiative, and the authorizing legislation requires that at least 75 percent of grant funds be spent on programs to implement evidence-based home visiting models.

<http://mchb.hrsa.gov/programs/homevisiting/>



The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of more than 280 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.

<http://www.nrepp.samhsa.gov/>

### **Practice 3: Promote and Identify Authentic Family/Caregiver Involvement and Collaboration**

The Head Start Child Development and Early Learning Framework was developed by the Office of Head Start with the assistance of the National Center on Parent, Family, and Community Engagement. The Center is a partnership between Brazelton Touchpoints Center at Children's Hospital Boston and the Harvard Family Research Project; the Council of Chief State School Officers, National PTA, and Save the Children are active members of the leadership team. This is a vital tool for early childhood education and care providers seeking to build effective engagement strategies. Although the framework is intended for Head Start and Early Head Start programs, its lessons are useful and applicable to a much broader audience of early childhood programs.

<https://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2011/pfce-framework.pdf>

The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

<http://www.strengtheningfamiliesprogram.org/>

**Engaging Families in Case Planning**, published by the Administration for Children and Families, discusses the importance of involving families in case planning and provides strategies for caseworkers and agencies to encourage and support family engagement. Strategies include family teaming, solution-based casework, and structured decisionmaking, among others. Outcomes from States' Child and Family Services Reviews show the need for employing new strategies to engage families. The bulletin also provides three examples of how jurisdictions are implementing strategies to engage families: (1) the Texas Department of Family and Protective Services' use of family group decisionmaking, (2) Fairfax County's (VA) Department of Family Services' Family Partnership Program; (3) New York City's use of solution-based casework (SBC) to achieve family-driven case planning.

[http://www.childwelfare.gov/pubs/engaging\\_families.pdf](http://www.childwelfare.gov/pubs/engaging_families.pdf)

**Head Start and Early Head Start Relationship-Based Competencies for Staff and Supervisors Who Work With Families** is a technical assistance resource that outlines the knowledge, skills, and actions useful for staff working with families in Head Start and Early Head Start programs. This document is a tool to help programs implement Head Start Program Performance Standards and the Parent, Family, and Community Engagement Framework.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/center/foundations/ohs-rbc.pdf>

The ZERO TO THREE brief **Dual Language Learners in Early Care and Education** offers practical tips to early childhood educators for providing support to families whose children are learning multiple languages.

[http://main.zerotothree.org/site/DocServer/Dual\\_Language\\_Learners.pdf?docID=6741](http://main.zerotothree.org/site/DocServer/Dual_Language_Learners.pdf?docID=6741)

### **Practice 4: Ensure That Vulnerable Young Children Begin School Ready To Succeed**

**Enhancing the Transition to Kindergarten: Linking Children, Families, & Schools** is a manual that describes an approach to enhancing children's transitions into kindergarten. This approach, developed as a collaborative effort among researchers at the National Center for Early Development & Learning Kindergarten Transition Project at the University of Virginia and local school personnel, focuses on forming a network of social connections that support children and families during the transition to school. These connections include interactions between children and teachers, children and peers, and parents and teachers, as well as preschool teachers and kindergarten teachers. A variety of transition strategies are offered that can be tailored to the individual needs of families and schools.

These practices include assessment of family needs, fostering a connection between a preschool child and his or her prospective kindergarten teacher, preschool teacher contact with former students now in kindergarten, peer connections within the class and outside of school, and interschool collaboration about programs and classroom practices.

<http://www.pakeys.org/uploadedContent/Docs/Transition%20into%20Formal%20Schooling/Enhancing%20the%20Transition%20to%20Kindergarten%20rev.PDF>

The **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)** is focused on promoting the social- emotional development and school readiness of young children from birth to age 5. CSEFEL is a National resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country.

<http://csefel.vanderbilt.edu/>





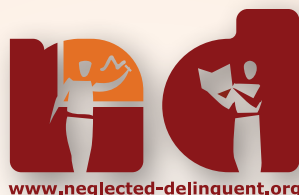
The **Head Start Program**, administered by the U.S. Department of Health and Human Services, is a Federal program that promotes the school readiness of children from birth to age 5 from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs offer a variety of service models, depending on the needs of the local community. Each State has a Head Start State Collaboration office, whose purpose is to facilitate collaboration among Head Start agencies.

<http://eclkc.ohs.acf.hhs.gov/hslc>

In 2009, the U.S. Department of Education (ED) announced the formation of a new **Early Learning Interagency Policy Board (IPB)**, composed of senior staff from ED, the U.S.

Department of Health and Human Services (HHS), the Domestic Policy Council, and the Office of Management and Budget. The IPB works to improve the quality of early learning programs and outcomes for young children, particularly for children with high needs. ED and HHS report to the IPB regarding the progress of the jointly administered Race To The Top—Early Learning Challenge (RTT-ELC) grants to States, whose goals include increasing the number and percentage of low-income and disadvantaged children enrolled in high-quality early learning programs, and designing and implementing an integrated system of high-quality early learning programs and services.

<http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html>



www.neglected-delinquent.org

## **The National Evaluation and Technical Assistance Center** for the Education of Children and Youth Who Are Neglected, Delinquent or At-Risk

American Institutes for Research  
1000 Thomas Jefferson Street, NW  
Washington, DC 20007-3835

For more information, please contact NDETAC at [ndtac@air.org](mailto:ndtac@air.org)  
or visit our Web site at <http://www.neglected-delinquent.org>.

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